

**Garforth
Urban District Council**

Annual Report

on the

HEALTH & SANITARY CONDITIONS

OF THE DISTRICT

FOR THE YEAR 1951

by

A. L. TAYLOR, M.D., D.P.H.

(Medical Officer of Health)

and

R. A. NAYLOR, C.R.S.I., M.S.I.A.

(Sanitary Inspector)



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Garforth Urban District Council.

Chairman of the Council:

Councillor J. Kilburn, J.P.

Vice-Chairman:

Councillor R. Coates.

Public Health Committee:

Chairman: Councillor A. Prince.

Vice-Chairman: Councillor T. Lockwood.

Councillor H. Atkinson.

Councillor B. Jones.

Councillor H. Chappel.

Councillor E. Linley.

Councillor W. R. Fenton.

Councillor A. Morley.

Councillor Mrs. M. A. Gough.

Councillor J. Parker.

Councillor R. B. Holt, J.P.

Councillor H. Rhodes.

Councillor F. W. Riley.

Medical Officer of Health:

A. L. Taylor, M.D., D.P.H.

Sanitary Inspector:

R. A. Naylor, C.R.S.I., M.S.I.A.

Clerk of the Council:

B. G. Taylor.

Garforth Urban District Council.

*Council Offices,
Garforth.*

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1951

*To the Chairman and Members of the
Garforth Urban District Council.*

I have the honour to submit my Annual Report on the health and sanitary circumstances of the Urban District for the year 1951. As in previous Reports, I intend to include an account of the services administered by the Local Health Authority. The information thus supplied should prove of interest to yourselves and will give valuable details of the gradual expansion of the Preventive Medical Services in your area.

Included in this Report is that of the Senior Sanitary Inspector.

GENERAL STATISTICS.

Area (Acres)	..	..	..	..	..	..	4,000
Population	..	..	..	..	..	..	12,340
Number of inhabited houses according to Rate Book							3,792
Rateable Value	..	..	..	..	..	..	£52,735
Sum represented by Penny Rate	..	..					£202 16s. 0d.

SOCIAL CONDITIONS.

There is virtually no unemployment in the area. A certain amount of labour has been diverted to the Royal Ordnance Factory nearby, but the vast majority of the population still finds employment in the local collieries and in the nearby city of Leeds. The welfare of old people has, throughout the year, been the concern of the Old People's Welfare Committees and there has been no evidence of undue hardship.

VITAL STATISTICS FOR THE YEAR.

Comparability Factors. The Comparability Factors for births and deaths remain the same as last year. The factor for Deaths is 1.06, giving an adjusted Death Rate of 12.3, and for Births 0.98, giving an adjusted Birth Rate of 15.2.

Live Births—					<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	..	..	..	..	90	93	183
Illegitimate	..	..	..	..	4	5	9
Total					94	98	192
Still Births—							
Legitimate	..	..	..	..	3	3	6
Illegitimate	..	..	..	..	—	—	—
Total					3	3	6
Birth Rate—							
Birth Rate (live and still) per 1,000 of the estimated resident popula- tion					..	..	15.2
Deaths—					<i>M.</i>	<i>F.</i>	<i>Total</i>
All Ages	..	..	..	..	72	71	143
Death Rate per 1,000 of the esti- mated resident population					..	..	12.3
Deaths of Infants under 1 year	..				6	3	9
Death Rate of Infants under 1 year :—							
All Infants per 1,000 live births					..	..	46.9
Legitimate Infants per 1,000 legitimate live births					..	..	49.2
Illegitimate Infants per 1,000 illegitimate live births					..	..	0.0

Maternal Mortality—

Deaths	..	..	..	..	..	<i>Nil</i>
Rate per 1,000 (live and still) births	..	..	..	..	..	0.0
Deaths from Diarrhoea (under 2 years of age)	..	..	..	..	..	3
Rate per 1,000 population	..	..	..	..	..	0.24
Rate per 1,000 live births	..	..	..	..	..	15.6
Deaths from Measles (all ages)	..	..	..	..	..	<i>Nil</i>
Deaths from Whooping Cough (all ages)	..	..	..	..	..	<i>Nil</i>
Deaths from Cancer (all ages)	..	..	..	..	..	23

There has been a decrease in the Birth Rate, though the fall is still not so severe as that which has occurred in some other comparable areas. The rate for 1951 is 15.2, as against 15.5 for England and Wales.

The following table shows the comparison between the Garforth Birth Rate with that for England and Wales for the past five years.

<i>Year</i>		<i>Garforth</i>		<i>England & Wales</i>
1947	..	12.6	..	20.5
1948	..	18.1	..	17.9
1949	..	18.6	..	16.7
1950	..	16.1	..	15.8
1951	..	15.2	..	15.5

Death Rate. The crude Death Rate during 1951 at 11.6 compared favourably with both the Aggregate of Urban Districts and with England and Wales as a whole, as the table on page 6 shows.

<i>Year</i>		<i>Garforth</i>		<i>England & Wales</i>
1947	..	10.4	..	12.0
1948	..	10.7	..	10.8
1949	..	12.1	..	11.7
1950	..	11.1	..	11.6
1951	..	11.6	..	12.5

Chief Causes of Death. Degenerative and malignant conditions have again accounted for the vast majority of deaths. I am sorry to record that this year 7 deaths occurred from Pulmonary Tuberculosis, a figure which is the highest since 1947. No death occurred due to, or associated with, pregnancy or childbirth.

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1951.

	Garforth Urban District	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admini- strative County	England and Wales
Population	12,340	1,157,200	429,100	1,586,300	*
Births—Males	94	9,376	3,650	13,026	*
Females	98	8,655	3,432	12,087	*
Total	192	18,031	7,082	25,113	*
Deaths—Males	72	8,033	2,505	10,535	*
Females	71	7,583	2,084	9,667	*
Total	143	15,616	4,589	20,205	*
Deaths under 1 year					
Males	6	327	156	483	*
Females	3	228	87	315	*
Total	9	555	243	798	*
Stillbirths—Males	3	267	103	370	*
Females	3	211	87	298	*
Total	6	478	190	668	*
Total Live and Still- births	198	18,509	7,272	25,781	*

CRUDE RATES.

Birth	15.6	15.6	16.5	15.8	15.5
Death	11.6	13.5	10.7	12.7	12.5
Infective and Para. Dis., excl. Tub., but incl. Syphilis and other V.D.	0.08	0.11	0.09	0.10	*
T.B.—Respiratory	0.57	0.24	0.22	0.24	0.28
T.B.—Other	0.00	0.04	0.05	0.04	0.04
T.B.—All forms	0.57	0.28	0.27	0.28	0.32
Cancer	1.86	1.89	1.56	1.80	1.96
Vascular lesions of nervous system	2.35	1.86	1.33	1.72	*
Heart and Circulatory	4.05	5.10	3.72	4.72	*
Respiratory Diseases	0.73	1.90	1.55	1.81	*
Maternal Mortality	0.00	0.81	1.24	0.93	0.79
Infant Mortality	46.9	30.8	34.3	31.8	29.6
Stillbirths	30	26	26	26	23

* Figures not available.

Infantile Mortality. With regret I have to state that during 1951 there were 9 deaths occurring in infants under one year of age. This gives an Infantile Mortality rate of 46.9 which is a sad falling from grace compared with the excellent figure for 1950. What is more, study of the table showing the causes of infantile death reveals that two infants died from Gastro-enteritis and two from Broncho-pneumonia. These must be considered as potentially preventable. At the same time, it has been pointed out recently by the Ministry that in dealing with relatively small populations such as the Garforth Urban District, it is not wise to place too much emphasis on the figures recorded in any individual year. The occurrence of one or two infantile deaths with a total of only 192 live births, is bound to make a very considerable difference to the figure of the Infantile Death Rate, multiplied, as it is, several times to give the number of deaths per thousand live births.

<i>Year</i>		<i>Garforth</i>		<i>England & Wales</i>
1947	..	31.0	..	41.0
1948	..	36.0	..	34.0
1949	..	30.1	..	32.0
1950	..	15.0	..	30.0
1951	..	46.9	..	29.6

INFANTILE MORTALITY IN 1951.

Net Deaths from Stated Causes under One year of Age.

Causes of Death	Under 1 week	1-2 wks.	2-3 wks.	3-4 wks.	Total under one month	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total under one year
Empyema following suture of atretic oesophagus ..	—	—	—	—	—	1	—	—	—	1
Prematurity	1	—	—	—	1	—	—	—	—	1
Acute infantile gastritis ..	—	—	—	—	—	2	—	—	—	2
Asphyxia pallida neonatorum Prematurity ..	1	—	—	—	1	—	—	—	—	1
Cerebral anoxaemia (severe toxaemia of mother) ..	1	—	—	—	1	—	—	—	—	1
Broncho-pneumonia	—	—	—	—	—	1	1	—	—	2
Spina Bifida Hydrocephalus	1	—	—	—	1	—	—	—	—	1
Totals	4	—	—	—	4	4	1	—	—	9

CAUSES OF DEATH IN THE GARFORTH URBAN DISTRICT, 1951.

Cause of Death	M.	F.	Cause of Death	M.	F.
ALL CAUSES	72	71	28. Nephritis and Nephrosis	—	2
1. Tuberculosis, respiratory ..	5	2	29. Hyperplasia of prostate ..	2	—
2. Tuberculosis, other ..	—	—	30. Pregnancy, childbirth, abortion	—	—
3. Syphilitic Disease ..	1	—	31. Congenital malformations	—	1
4. Diphtheria	—	—	32. Other defined and ill-defined diseases ..	5	4
5. Whooping Cough ..	—	—	33. Motor vehicle accidents ..	—	—
6. Meningococcal infections ..	—	—	34. All other accidents ..	2	3
7. Acute Poliomyelitis ..	—	—	35. Suicide	—	—
8. Measles	—	—	36. Homicide and operations of war	—	—
9. Other infective and parasitic diseases ..	—	—			
10. Malignant Neoplasm—Stomach	1	—	Live Births :—		
11. Malignant Neoplasm—Lung, Bronchus ..	1	—	Total	94	98
12. Malignant Neoplasm—Breast	—	4	Legitimate	90	93
13. Malignant Neoplasm—Uterus	—	2	Illegitimate	4	5
14. Other malignant and lymphatic neoplasms ..	9	6			
15. Leukaemia, aleukaemia ..	—	—	Still Births :—		
16. Diabetes	1	—	Total	3	3
17. Vascular lesions of nervous system ..	14	15	Legitimate	3	3
18. Coronary disease, angina ..	12	5	Illegitimate	—	—
19. Hypertension, with heart disease ..	2	3			
20. Other heart disease ..	7	10	Deaths of Infants under one year of age :—		
21. Other circulatory disease ..	3	8	Total	6	3
22. Influenza	1	1	Legitimate	6	3
23. Pneumonia	1	1	Illegitimate	—	—
24. Bronchitis	2	3			
25. Other diseases of respiratory system ..	—	—			
26. Ulcer of Stomach and Duodenum	1	—	Population .. 12,340		
27. Gastritis, Enteritis and Diarrhoea	2	1	Comparability Factors—		
			Births .. 0.98		
			Deaths .. 1.06		

RECORD OF DEATHS IN AGE GROUPS, 1951.

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1 year	6	3	9
1—5 years	1	—	1
5—10 years	—	2	2
10—15 years	—	—	—
15—20 years	—	—	—
20—25 years	—	1	1
25—35 years	2	2	4
35—45 years	5	2	7
45—55 years	5	5	10
55—65 years	8	13	21
65—70 years	7	10	17
70—75 years	16	10	26
75—80 years	11	13	24
80—85 years	10	6	16
85—90 years	1	4	5
90 years and over	—	—	—
TOTALS	72	71	143

GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA.

Public Health Officers for the Local Authority.

The staff consists of the Medical Officer of Health and the Sanitary Inspector, with one Clerk. The Medical Officer is also appointed to two adjacent County Districts and acts as Divisional Medical Officer for the Local Health Authority in respect of those services administered by the latter.

The West Riding County Council who are the Local Health Authority, are responsible for the administration of the Part III health services in the area. Division 16, in which Garforth Urban District is included, has a population of approximately 54,000, divided between three Urban Districts. The Medical Officer of Health of Garforth is also Divisional Medical Officer and School Medical Officer for the West Riding County Council and is responsible for the day to day administration of all the County Services throughout the Division. Five years' experience of the scheme confirms me in my opinion as to its great value. The Division is small enough to allow close daily and personal contacts with every type of interested authority and individual. All the Staff of the local authorities and of the Divisional organisation, are well known to me personally and discussion on every type of case takes place frequently and without delay.

The following Services are administered in the area :—

Health Visiting. In this important branch of domiciliary nursing, Garforth is adequately staffed. No new appointment has been made in the area and the consistently expanding range of duties has been efficiently and adequately covered. The Health Visitor is now much concerned with other members of the family in addition to expectant and nursing mothers and children. During 1951, the Health Visitors have been increasingly concerned with the administration of the Home Help service and the domiciliary care of the aged and infirm. The Health Visitors' work has been very much appreciated and we are fortunate in this area in having the services of two women of outstanding ability and character.

Tuberculosis Visiting. One Tuberculosis Visitor undertakes the domiciliary care of her patients in the Garforth Urban District. A Chest Clinic is held weekly in Garforth, and thus it is possible for a very close liaison to be maintained between the Chest Physician, the Sanatorium, the family doctor and the patient. The net result is that a very satisfactory harmony prevails and there is free interchange of help and information.

School Nursing. The two Health Visitors have also acted as School Nurses and have done very good work throughout the year. Relationships with the Heads and Teachers in all the schools have been consistently good. No little credit is due to this Service for the high standard of health and well-being amongst the school population.

Home Nursing. Two Home Nurses work in the District. They are able mutually to relieve each other, and we are able, additionally, to call upon the services of a relief Home Nurse who works throughout the Division.

A further expansion of this service is taking place and, indeed, is bound to continue. Shortage of institutional accommodation for the aged, infirm and chronic sick enforces the domiciliary treatment of many patients who might, under different circumstances, no longer be kept at home. The population in Garforth, as elsewhere in the country, is ageing, and the expectation of life continues to increase. Thus it is inevitable that larger calls will be made on the domiciliary nursing services and, indeed, on the general practitioner services in the area.

Midwifery Services. By contrast, the two domiciliary midwives practising in the area become increasingly under-employed. One factor causing this is the fall in the Birth Rate which is expected and general. The main cause is the continued demand for Maternity Home accommodation. Approximately 50% of all the births during 1951 took place in Institutions—mainly in Hazelwood Castle Maternity Home. A further reduction of responsibility is due to the increased booking of confinements by general practitioners, who are increasingly accepting responsibility for the delivery of their own patients. Whatever benefits may accrue to the community as a result of this arrangement, it does diminish, to some extent, the responsibility and dignity of the domi-

ciliary midwife's work. Until a reversal of the enthusiasm for institutional confinements takes place, I am afraid that our midwives must continue to feel rather out in the cold.

Home Help Service. This important and complicated service has continued to expand throughout the year. This is the most difficult of all the services to administer. The very nature of the work calls for a complicated system of control. A panel of Home Helps is employed, but a rigid ceiling of hours worked is laid down and cannot be exceeded. The position is under review constantly and any increase of real need will result in a revision of establishment. I am glad to be able to state that there has been a marked increase in restraint amongst those calling for home help services. In particular, the family doctors have shown an increased awareness of our difficulties and are most understanding in their attitude. Here again, the ageing of the population is raising problems. When an aged person, or persons, living alone, without near relatives, needs a Home Help, the need is likely to continue for months, or even years. Thus, an increasing proportion of available Home Help time has to be ear-marked for a relatively small section of the community. Very great care has to be paid to the assessment of actual need. The Home Help should not be allowed to undertake "sitting-in" duties, nor may she be called upon to undertake work which falls within the scope of the Home Nursing Service. As a matter of interest, I give below the annual return of the domestic help service for 1951. This gives a very good idea of the type of case helped, and you will notice that out of a total of more than 34,000 hours given, no less than 24,000 were devoted to aged, ill or infirm.

Authorised Divisional Establishment	16
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Number of Domestic Helps employed at 31st December, 1951 :—

(i)	Whole-time	14
(ii)	Part-time	14
(iii)	Total	..	..	..	..	28

Cases provided with Domestic Help during the year ended 31st December, 1951.

			<i>No. of Cases</i>	<i>Hours employed</i>
(i)	Illness (excluding aged)—			
	(a) Tuberculosis ..	3	652	
	(b) Other	28	4,431	
(ii)	Lying-in	60	4,257	
(iii)	Expectant Mothers ..	2	148	
(iv)	Mentally Defective ..	—	—	
(v)	Aged—			
	(a) Illness	52	18,853	
	(b) Infirmary	25	5,274	
(vi)	Children of school age ..	6	941	
		<hr/>	<hr/>	
		176	34,556	
		<hr/>	<hr/>	

Number of Home Helps employed between 1st January and 31st December, 1951, calculated on a full-time basis 15.1

Vaccination and Immunisation. Immunisation against Diphtheria has been maintained at about the same level as during last year. There is some evidence that the continued absence of epidemic Diphtheria is giving rise to a feeling of complacency, and a number of parents are tending to neglect having their children protected on the assumption that Diphtheria is no longer a factor to be reckoned with. No greater fallacy could be imagined. The absence of Diphtheria is due entirely to the high level of immunity achieved by mass immunisation. If the percentage of children protected is allowed to fall, it may well be that an outbreak of epidemic proportions may occur at any time, of sufficient severity to result in serious illness, or even death in some cases. Immunisation has been proved over many years to be absolutely safe and to give virtually complete protection. Children are immunised as a routine measure in all Welfare Clinics and are given refresher doses at school entry and during school life.

Vaccination against Smallpox is still lagging very much behind. Here again, there is no sense of urgency owing to the non-existence of the disease at present. As far as one

can estimate, in the Garforth area not more than 20% of infants are being vaccinated. Only the occurrence of Smallpox in the community will bring home to many parents the need for protection and the dangers they allow their children to run by failing to take advantage of the immunity offered. Young children vaccinated by modern technique suffer no inconvenience or illness whatever, and acquire protection without the formation of the large scars which were once seen. One can only hope, by constant representations, to bring about an improvement in the position.

Whooping Cough prophylaxis is at last in sight. I shall be able to tell you in my next Annual Report that protection on a large scale has been given. The new "Michigan" vaccine, which has proved so successful in America, is now becoming available in this country. Whilst one hundred per cent protection is not claimed, all trials and tests seem to show that well over 90 per cent of children treated acquire absolute immunity, while the remainder are only likely to develop a very modified attack of the disease. It is possible to envisage a time in the near future when Whooping Cough will become as rare in the community as Diphtheria is today.

CLINIC PROVISION.

Child Welfare Clinics are held weekly at Garforth, Kippax and Allerton Bywater. Whilst far from ideal, the premises used are reasonably satisfactory for the purpose and the clinics are well attended.

Ante-Natal Clinics are held weekly at Garforth and Kippax. Attendances still continue to fall, though at a slower rate. The causes are outside our control and the trend is one which has been experienced throughout the country subsequent to the coming into force of the National Health Service Act. This is due to a variety of causes which are well known, and which have been mentioned previously. So long as efficient ante-natal care is given, and the additional instruction and reassurance given to the expectant mothers in the hygiene and psychology of child-bearing, there is no reason to feel that any detrimental effect will follow the reduced use of the ante-natal clinic services. The matter cannot be estimated accurately in such a short time, and it will be necessary for experience over a period of years to decide the question.

CONSULTANT CLINICS.

These are held at the Central Clinic, Rothwell, and are as follows :—

Several Ophthalmic Clinics are usually held monthly, according to need. To these are referred all school children who are felt to be in need of specialist investigation. In addition, cases of squint or other aberration of infant eyesight are examined. There is now no delay in the provision of glasses and the service runs smoothly, efficiently and without complaint. Dr. Kirkwood, the Ophthalmologist, has taken the place of Dr. Wittels, and is doing excellent work.

A monthly Consultant Paediatric Clinic is held on the second Friday in each month. Dr. J. D. Pickup has established himself as the permanent Paediatrician and his courtesy and efficiency have endeared him to all the mothers and children who come in for consultation. It is an enormous help in integration that Dr. Pickup has children's beds in several adjacent Hospitals and also does domiciliary work in the area in addition to conducting Outpatient Clinics at his various Hospitals. A very close liaison now exists between the general practitioner, Consultant and Local Health Authority services in this field. It is impossible to stress too much the advantages deriving from such liaison. One feels that at last this important field of medical practice is being adequately covered.

The Ear, Nose and Throat service is still in abeyance, and I am in communication with the Regional Hospital Board with a view to re-establishing it. I have reason to believe that in the near future the service will again be functioning with a Consultant Ear, Nose and Throat Surgeon in attendance. Considerable delay has been experienced and long waiting lists are in being for treatment. This matter is being given urgent and serious consideration, and a number of ear, nose and throat beds are to be ear-marked in the newly formed Children's Unit at Seacroft Hospital. This should do much to obviate delay, and I hope that the present difficulties will prove only temporary.

The Orthopaedic Clinic at Rothwell is still held weekly and does valuable remedial work under the care of an Orthopaedic Nurse. It has not yet been found possible to

establish the hoped-for regular Consultant Orthopaedic Surgical Clinic, but any individual case needing attention is readily seen at a Consultant Clinic at Castleford, on special representation.

Speech Therapy Clinic provision is available on one and a half days weekly, and is staffed by a full-time County Speech Therapist who works in several adjoining Divisions. The value of Speech Therapy is difficult to estimate at short term, but many cases show obvious improvement and parents express much gratification at their children's progress.

Sunray Clinics are held thrice weekly, on Monday, Wednesday and Friday at Brunswick Chapel, and are reasonably well attended, cases being referred by general practitioners and by Assistant County Medical Officers.

HOSPITAL PROVISION.

Infectious Diseases Hospitals are, fortunately, now almost empty. The few cases from the Garforth area are now admitted to Seacroft Hospital. One advantage of the closing down of the numerous small Fever Hospitals is that all patients now enjoy very highly skilled specialist medical attention, together with the very elaborate diagnostic and treatment facilities necessitated by modern methods and technique. Here again, a very happy spirit of mutual co-operation exists and information regarding admissions, treatment and discharge is readily forthcoming.

General Hospitals. Acute medical and surgical cases go to Hospitals in the Leeds area. There is no difficulty about admissions. This is not so in the case of the chronic sick, for whom it is often almost impossible to obtain a bed. One is very frequently approached by the family doctor with a request for help in obtaining accommodation for the aged chronic sick. Often no success is experienced in spite of approaches to many Hospitals. There is a crying need for the provision of more chronic sick beds. No doubt exists that the numbers of these cases will increase. This is the price which must be paid for the increased expectation of life. Many cases are being nursed at home, and here the Home Nurse and Home Help Services are invaluable. At the same time, many instances are known where patients really should be in Hospital were places only available for them. Much

the same state of affairs exists in relation to Welfare accommodation for the aged and infirm. Here one of the difficulties lies in diagnosis. Many patients suffering from the disabilities of old age require nursing facilities, even though their infirmity is due entirely to their advanced age. Every approach to the Welfare Department is met with promptness and courtesy. I readily accept that any failure to secure accommodation is no fault of theirs. An over-all shortage of accommodation exists and until this is remedied many sad, indeed tragic, cases must continue to arise.

AMBULANCE SERVICE.

The ambulance service has now settled down to a steady level of activity. There is some evidence of an increasing sense of responsibility on the part of the public, and frivolous calls are decreasing in incidence. The Chief County Ambulance Officer, Mr. Whittaker, and his Divisional Officers, are unfailingly helpful and courteous and willing to discuss any scheme or suggestion which is put up to them. The vehicles are well appointed and modern, and I can recall no complaint during the year from doctor or patient.

LABORATORY FACILITIES.

The Medical Research Laboratory at Wakefield, with Dr. Findlay as its Director, has given assistance in many cases during the year, and carries out any bacteriological investigation required of it. We are fortunate, indeed, in being situated so near to this valuable public service. I should like to acknowledge to Dr. Findlay his many kindnesses during 1951.

FOOD AND DRUGS.

Under the Food and Drugs Act, milk samples are submitted to the County Analyst at Bradford, as are also samples of water and of foodstuffs.

A pasteurisation plant is in operation in Garforth, and samples from it are frequently taken by the County Council Sanitary Inspectors. Reports are invariably satisfactory and a very high standard of efficiency and hygiene is maintained.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Following the trend of recent years, Infectious Diseases have not been a factor of any significance in 1951. Indeed, only Measles, with 241 cases, showed an incidence even approaching epidemic form. Every other disease was conspicuous by its absence, with the sole exception of Whooping Cough with 24 cases and Scarlet Fever with 11.

Inherent in this apparent immunity is a danger. There is evidence that parents are being lulled into a false sense of security by the continued absence of epidemic Diphtheria. The number of children being immunised is tending to fall and there is some indication of apathy. It cannot be stressed too strongly that the present welcome freedom from this disease is due entirely to the high percentage of pre-school, and school children who have been immunised. If the level of protected children is allowed to sink, sooner or later an outbreak of Diphtheria is inevitable. The fact that immunisation is safe, simple and completely free from unpleasant after-effects, together with the undoubted fact that it does protect absolutely against Diphtheria, should be sufficient reason for parents to take the trouble to ensure that their children are immunised. It will be sad if serious or even fatal, Diphtheria in the community will have to occur in order to give a stimulus to immunisation.

Vaccination. The above remarks to some extent apply to vaccination against Smallpox as well. In the case of this disease, however, it is fair to say that Smallpox is not a disease normally endemic in this country. Nevertheless, the modern technique of vaccination is so simple and free from complications when administered to a young baby, that there is no excuse for parents to refuse this measure. In these days of travel by air, Smallpox may, at any time, be introduced into this country and become epidemic. This has happened on one or two occasions within recent years, and the frantic rush by people not previously vaccinated, has almost swamped available medical resources. Further than this, primary vaccination in adult life carries certain risks of unpleasant or even fatal complications which are completely unknown in primary vaccination of children. One can only urge that vaccination be accepted and repeat that the child will suffer no detrimental effect whatever.

Whooping Cough. Immunisation against Whooping Cough will definitely be available in 1952. The "Michigan" vaccine, which has been found to give such good results in America, is now available in this country. Children are best treated at about 4 to 6 months of age. The injections are free from local or general complications, and no ill-effects whatever have been observed. A very high degree of protection is attained and 90% of children so treated become completely immune to the disease. The remainder may have a slight, or modified, attack. When one remembers that Whooping Cough is now one of the most important remaining causes of death in young babies, the death being due to the dreaded complication of broncho-pneumonia, one can feel considerable gratification that yet another scourge of infant life is within measureable distance of control. It is gratifying to state that there is considerable demand already from mothers for this form of protection.

Scarlet Fever. Scarlet Fever is still extremely mild. The procedure of nursing cases at home wherever conditions are suitable, and the discontinuing of routine disinfection of houses, has not given rise to any increased incidence or secondary cases in affected households. I shall continue the present system and feel that it is in the best interests of individuals and of the community.

Acute Anterior Poliomyelitis. No case occurred in the Garforth Urban District during the year.

Measles. As already stated, 241 cases were notified. Measles has a well known epidemic incidence every two years and although unpleasant, is rarely a cause of serious damage to the child. No method of immunisation has yet been perfected.

Pneumonia. The incidence of this disease remains low in your District, only three cases being notified during the year. This is satisfactory, as pneumonia tends to be prevalent in the North of England. It is also fair to say that the new available antibiotic drugs are proving a very potent weapon in the control of respiratory disease, which frequently is prevented, by their use, from progressing to the more severe illness of pneumonia.

Food Poisoning. Again, no instance of Food Poisoning was notified in the district during 1951.

Tuberculosis. No complacency is possible in considering this disease. Seven deaths occurred during the year, of which five were in the socially important 25—45 year old age group. The fact that only six new cases of pulmonary tuberculosis were notified, compared with an approximate average number of fourteen over the previous three years, gives rise to hope that a diminution of prevalence may be expected. There is evidence that admission to Sanatorium is now becoming easier. The Chest Physicians and the Chest Service in general have got into their stride and are tackling their difficult job with enthusiasm and increasing success. Aided by several new drugs, certain types of pulmonary tuberculosis are responding more satisfactorily than was the case a few years ago.

Sympathetic consideration is given by your House Letting Committees to requests from the Chest Physician for re-housing of certain of his patients. At the same time, let no one imagine that this will solve the problem. As I have said many times before, to expect a patient to segregate himself in monastic seclusion in a household for years, is to place too great a strain on human nature. At the same time, improved housing is an important psychological, as well as physical, factor in its effect on the outlook of the individual patient.

B.C.G. vaccination is still in a trial stage. There is some reluctance on the part of Chest Physicians to accept it as whole-heartedly as apparently is the case in certain Continental countries. I agree that carefully controlled tests, over years, will be necessary before the wholesale use of B.C.G. can be advocated. Meantime, we can only wait with anxiety the success of new measures designed to protect individuals and the community against this most depressing social scourge.

Venereal Disease. There is no evidence that the prevalence of Venereal Diseases in your area is a factor of any significance at all. Routine blood examinations at Ante-Natal clinics have given rise to no positive finding whatever, nor has the information supplied by the Venereologist contained any mention of cases in your area.

Enteric. No case of Typhoid or Paratyphoid Fever occurred during the year. In these days of universal piped water supply, and the increasing use of the water carriage system of sewage disposal, only the occasional case is likely to arise.

Puerperal Pyrexia. No notification of this condition came to hand, which is again a tribute to the very high standard of asepsis maintained by practitioners and midwives in your area.

Infestations. No case of Scabies came to the notice of the Health Department during 1951.

Pediculosis occurred to a slight extent among school children, particularly those of one or two well-known families. Lethane Oil was no longer available, but substitutes of the D.D.T. or Gammexane types proved effective in clearing up cases. It is always the same families who become re-infested and the presence of verminous children in schools is to be deplored, as this condition spreads so very rapidly from child to child. Frequent and careful head inspections are carried out and I can assure you that the problem is not one of any major significance as regards the child population as a whole.

**STATEMENT OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED DURING
THE YEAR 1951, AND CASES REMOVED TO HOSPITAL.**

Cases notified or otherwise ascertained	Scarlet Fever	11
	Whooping Cough	24
	Diphtheria	—
	Measles (excluding Rubella)	241
	Acute Pneumonia	3
	Meningococcal Infection	—
	Acute Poliomyelitis	—
	Acute Polioencephalitis	—
	Dysentery	—
	Ophthalmia Neonatorum	—
	Puerperal Pyrexia	—
	Smallpox	—
	Paratyphoid Fevers	—
	Enteric or Typhoid Fever	—
	Food Poisoning, excluding Dysentery	—
	Erysipelas	—
	Malaria	—
Cases removed to Hospital	Smallpox	—
	Scarlet Fever	2
	Diphtheria	—
	Enteric Fever	—
	Acute Poliomyelitis	—
	Acute Polioencephalitis	—
	Meningococcal Infection	—
	Erysipelas	—

**CASES OF NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS (EXCLUDING
TUBERCULOSIS).**

Disease	Under 1 yr.		1—3 yrs.		3—5 yrs.		5—10 yrs.		10—15 yrs.		15—25 yrs.		25—45 yrs.		45—65 yrs.		Over 65 yrs.		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	2	5	1	2	—	—	—	—	—	—	—	—	3	8
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	3	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Anterior Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Anterior Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	2	1	3	5	2	5	4	2	—	—	—	—	—	—	—	—	—	—	11	13
Measles	8	4	22	24	44	25	58	53	3	—	—	—	—	—	—	—	—	135	106	—
Sonnè Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	10	5	25	29	46	31	64	60	5	2	—	—	1	—	—	1	—	152	127	—

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1951.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	0	0	0	0	0	0	0	0
1—5 years ..	0	0	0	0	0	0	0	0
5—10 years ..	0	0	0	0	0	0	0	0
10—15 years ..	0	0	0	1	0	0	0	0
15—20 years ..	0	0	0	0	0	0	0	0
20—25 years ..	0	1	0	0	0	0	0	0
25—35 years ..	1	1	0	1	1	2	0	0
35—45 years ..	1	0	0	0	2	0	0	0
45—55 years ..	0	0	0	1	0	0	0	0
55—65 years ..	1	0	0	0	1	0	0	0
Over 65 years ..	1	0	0	0	1	0	0	0
Totals ..	4	2	0	3	5	2	0	0

TUBERCULOSIS (New Cases) Since 1931.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1931	4	2	4	0
1932	2	1	2	0
1933	3	1	2	0
1934	3	0	3	0
1935	1	3	1	0
1936	1	2	1	0
1937	1	0	0	0
1938	4	2	3	3
1939	3	2	3	0
1940	5	2	3	1
1941	5	2	3	1
1942	2	3	2	3
1943	9	0	2	3
1944	8	3	5	1
1945	6	1	5	0
1946	7	3	5	1
1947	7	4	4	0
1948	14	5	7	0
1949	14	1	2	1
1950	13	4	5	0
1951	6	3	7	0

TUBERCULOSIS.
RECORD OF CASES DURING 1951.

	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
No. of cases on Register at beginning of year	28	30	8	13
No. of cases notified for first time during year	4	2	—	3
No. of cases added to Register otherwise than by notification	—	—	—	—
No. removed to other districts.. .. .	1	—	—	—
No. cured.. .. .	—	—	1	—
No. died from disease	5	2	—	—
No. died from other causes	—	—	—	—
No. of cases on Register at end of year	26	30	7	16

WATER SUPPLY.

Water is obtained from Leeds Corporation and is of a very high standard. Supply was adequate throughout the year. Three samples were taken for bacteriological and chemical examination and all proved satisfactory. No stand-pipes nor wells are in use in the District.

The following is an example of the result obtained by analysis of the mains water of this District and is typical of all the samples taken.

Bacteriological Test—

Number of organisms per 1 cc after 3 days at 20—22°C	4
Number of organisms per 1 cc after 2 days at 37°C ..	20
Bacillus Coli-Aerogenes. Number per 100 cc's. Less than 1	

This is a Class 1 water.

Chemical Analysis—

	<i>Parts per million</i>
Total Solids	80
Chloride	16
Nitrites	<i>Nil</i>
Nitrates	0.03
Free Ammonia	0.01
Albuminoid Ammonia ..	0.02
Poisonous Metals	<i>Nil</i>
Total Hardness	60
pH	7.2

DRAINAGE AND SEWERAGE.

During 1951, the new Sewage Works at Allerton Bywater finally came into use. This excellent piece of engineering, most courageously undertaken by your Authority, will prove an inestimable boon to the Garforth Urban District. Now, at long last, will it be possible to embark on a wholesale scheme of privy conversions. Your area contains some hundreds of houses which will have a life of from 25 to 50 years under ordinary conditions. Many of these have been compelled to suffer the inconvenience of privy midden sanitary accommodation. These circumstances have been due to no lack of zeal on the part of the local authority. The fact that a Sewage Works is now available, capable of taking the effluent from the largest population which one can envisage in your area, has revolutionised the position. I very much hope that 1952 will see a mass start on the eradication of what must be regarded as an out-dated and insanitary feature.

CLOSET ACCOMMODATION.

No. of privies with open Ashpit ..	0
No. of pail or tub Closets	4
No. of privies with covered Middens	693
No. of Water Closets	3,481
No. of Waste Water Closets ..	12

Public Conveniences. Modern, well kept and adequately constructed conveniences are available at Garforth, Kippax and Allerton Bywater. A certain amount of nuisance arises therein, due to irresponsible behaviour of a small section of the community. This occurs mainly at week ends and one hopes that it is not due to the activities of local inhabitants. There is some evidence that the nuisance is decreasing, and one can only hope for a more responsible attitude on the part of citizens or visitors.

HOUSING.

1. Inspection of Dwelling Houses during the year :—

1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 502
- (b) Number of inspections made for the purpose 1,021
2. (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1942 97
- (b) Number of inspections made for the purpose 172
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 62
4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation 35

2. Remedy of Defects during the year without Service of Formal Notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers 411

3. Action under Statutory Powers during the year :

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwelling houses in respect of which notices were served requiring repair	29
(2) Number of dwelling houses which were rendered fit after service of formal notices :—	
(a) By owners	25
(b) By Local Authority in default of owners	2
(b) Proceedings under the Public Health Act :—	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	71
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By Owners	67
(b) By Local Authority in default of owners	Nil
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—	
(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation	22
(2) Number of dwelling houses in respect of which Demolition Orders were made ..	22
(3) Number of dwelling houses demolished in pursuance of Demolition Orders ..	9
(4) Number of dwelling houses in respect of which undertakings were accepted by owners :—	
(a) To render houses fit for human habitation	Nil
(b) As to usage other than for human habitation	Nil

(d) Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or under-ground rooms in respect of which Closing Orders were made	<i>Nil</i>
(2) Number of separate tenements or under-ground rooms closed in pursuance of Closing Orders	<i>Nil</i>
(3) Number of separate tenements or under-ground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	<i>Nil</i>

4. Number of new houses erected during 1951.

(a) By Local Authority	68
(b) By Private Enterprise	13

5. Overcrowding.

(a) Number of dwellings overcrowded at end of year	46
(b) Number of families dwelling therein	123
(c) Number of persons dwelling therein	423
(d) Number of cases of overcrowding reported during the year	12
(e) 1. Number of cases of overcrowding relieved during the year	10
2. Number of persons concerned in such cases	41
(f) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	<i>Nil</i>

The above figures are based on the Overcrowding Standard of the Housing Act. If a bedroom standard only were applied, many more cases of overcrowding would arise.

General Observations as to Housing Conditions.

No Authority in the country can display greater zeal in its efforts to improve the housing conditions of its population than does Garforth Urban District Council. It is unfortunate, therefore, that the activities of the National Coal Board, however important they may be for national welfare, should

be instrumental in proving such a stumbling block to the provision of new housing accommodation. More particularly, Allerton Bywater is at present, and in the future even more likely to be, affected. It is some compensation that Kippax has available a housing site which may ultimately prove adequate for the needs not only of its own inhabitants, but for miners coming into the area to take up work at newly re-opened pits. In this connection, I hope I may be forgiven for making a plea to this Council for a wider outlook in the matter of housing allocation. There is some evidence of the persistence of a parochial attitude. I would urge that the conception of Garforth Urban District as one unified whole, rather than as three separate villages, should be fostered and encouraged. The needs of Kippax and Allerton Bywater for the replacement of hopelessly antiquated, damp, dilapidated, even unsafe, houses, far transcend those of Garforth village. The reason for this is well known, and must be a matter of pride for those responsible for Garforth affairs before the extension of the Urban District immediately prior to the war. Nevertheless, you are now one Urban District and must take a wide view of the needs of your people. I would suggest the recognition of the absolute necessity for concentrating the largest possible proportion of your house building resources and energies on the admirable Kippax site. Its relative nearness to Allerton Bywater should make possible the re-housing of families from that area, without undue hardship being placed upon them in travelling to their place of employment. Let it not be thought that this suggestion constitutes a criticism of your undoubted efficiency. Rather do I plead for a re-orientation of your attitude.

No Slum Clearance Schemes are yet possible. Representation under Section 11 is still the only method practicable. As previously stated, a considerable number of houses, more particularly in Kippax, are completely unsafe and unfitted for human habitation. These are being dealt with as rapidly as new housing construction allows. Under optimum conditions, some years must inevitably elapse before the last of these deplorable hovels is finally razed to the ground.

Overcrowding exists to a moderate degree and any measures for amelioration that can be taken have been instituted.

SANITARY INSPECTION OF AREA.

Infectious Disease Prevention.

Inspections	19
Further Enquiries	4
Disinfections	2
Schools Disinfected	<i>Nil</i>
Miscellaneous visits	6
Scabies visits	<i>Nil</i>

Milk and Dairies.

Inspections of Cowsheds and Dairies	7
Milk Samples taken	<i>Nil</i>

Food and Drugs Inspections.

Meat Inspections	42
Bakehouses	48
Food Inspections	89
Ice Cream Premises	48
Water Sampling	4

Housing.

Houses inspected and recorded	97
General Surveys	159
Council Houses	78
Public Health Act Inspections	221
Re-visits	301

Offensive Trades.

Inspections of Knackers' Yards	<i>Nil</i>
„ „ Blood Boiling Premises	<i>Nil</i>

Sanitary Matters.

Inspections for Nuisances	572
„ of Verminous Premises	12
„ of Privies	123
„ of Piggeries	9
„ for Rat Infestations	156
„ of New Drains	47
Drains Tested	47
Smoke Observations	<i>Nil</i>

Scavenging.

Inspections	21
Refuse Tips	143
Supervision of Workmen	52

Other Inspections.

Factories and Workshops	43
Tents, Vans and Sheds	14
Council House Complaints	27
Inspection of Repairs	<i>Nil</i>
Miscellaneous	98

Number of Statutory Notices (Housing Act and Public Health Acts)	100
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Number of Statutory Notices (Section 17 of the Housing Act, 1936)	<i>Nil</i>
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Number of Nuisances abated on serving Statutory Notice (Public Health Acts)	94
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CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

Examinations are carried out by the County Laboratory and no adverse reports have been notified during the year.

BUTCHERS' SHOPS AND SLAUGHTER-HOUSES.

Slaughtering is still carried out almost entirely at abattoirs outside the District.

SHOPS ACT, 1934. SECTIONS 10 AND 13 (3).

There were 65 visits made under the above Act during 1951, and unsatisfactory conditions were found and remedied in five cases.

Finally, let me express my appreciation to your Senior Sanitary Inspector, Mr. R. A. Naylor, for the very fruitful and pleasant association which I have enjoyed with him throughout the year. It is unnecessary to dilate on Mr. Naylor's qualities of courtesy and efficiency as these are well known to members of your Authority. Nevertheless, I may say that my co-operation with him is always of the closest and no friction has ever arisen between us.

To the Chairman and Members of the Public Health Committee, I would like also to express my thanks for their help, support and encouragement during the year. If at times I find it necessary to be critical, I hope they will appreciate my motives and try to understand the necessity for my remarks. I am always given a patient and courteous hearing, and I am never made to feel that my views are not welcomed.

I am, Madam and Gentlemen,

Your obedient Servant,

A. L. TAYLOR.

ANNUAL REPORT

OF THE

SANITARY INSPECTOR & CLEANSING SUPERINTENDENT

(R. A. NAYLOR, C.R.S.I., M.S.I.A.)

for the Year 1951.

*To the Chairman and Members of the
Garforth Urban District Council.*

Mr. Chairman, Lady and Gentlemen,

I beg to submit my report on the work of your Public Health Department for the year 1951. Many of the details of inspections are contained in the Report of the Medical Officer of Health.

HOUSING.

During the year 81 new houses have been completed, comprising 68 Council houses and 13 private houses, bringing the total erected since the war to 371—308 Council and 63 private houses.

The number of Council houses in the area at the end of 1951 was 925 (347 at Garforth ; 265 at Kippax ; 313 at Allerton Bywater), representing 24.8% of the total houses in the district.

Notwithstanding the excellent progress in the provision of new houses it is, however, still a fact that the annual rate of erection falls short of the number of new applications. The present state of the application lists for Council houses shows that there are 1,327 outstanding applications (561 at Garforth ; 392 at Kippax ; 374 at Allerton Bywater); thus although 68 Council houses were erected during the year, 161 new applications were received over the same period.

In view of this situation it is encouraging to find the Council carrying out a policy of clearing away the worst of the slum dwellings, insofar as 22 houses were represented under the provisions of Section 11 of the Housing Act, 1936, Demolition Orders being made in every case. It is also a pleasure to note that at the time of compiling this Report, all the above 22 families have already been rehoused in new Council houses. The total number of Demolition Orders made since the war was, at the end of 1951, 108, and with the exception of two, all these families have been provided with new Council houses. It will be seen from these figures that nearly one-third of the Council houses completed since the war have been utilised for the rehousing of families from condemned properties.

Creditable as this record no doubt is, there still remain many more houses which can never, at any cost, be brought up to anything like a decent standard. The Council, therefore, are left with no alternative but to pursue their Slum Clearance policy as vigorously as the present housing situation will allow.

Summary of Sanitary Improvements effected during 1951.

Interior of Houses.

Floors renewed or repaired	..	..	..	29
Walls and ceilings re-plastered	..	..	..	52
Dampness abated .. ..	..	..	..	15
New glazed sinks provided	..	..	..	12
Windows enlarged or repaired	..	..	..	18
Doors repaired or renewed	..	..	..	11
Cooking ranges repaired or renewed	..	..	..	28
Food stores improved .. ..	..	..	..	2
Water supplies improved .. ..	..	..	..	61

Exterior of Houses.

Roofs repaired .. ..	..	..	..	92
Eavesgutters repaired or renewed	..	..	..	60
Walls re-pointed .. ..	..	..	..	12
Walls rendered .. ..	..	..	..	1
Yards paved .. ..	..	..	..	<i>Nil</i>

Drainage.

Drains cleared from obstruction	194
Defective drains relaid	21
Inspection chambers provided	3
Cesspools abolished	1
Soil Pipes repaired	2

Sanitary Accommodation.

W.C. pedestals renewed	8
W.C. cisterns renewed	7
Additional W.C.'s provided	12
Privies converted to W.C.'s	31
Ashpits abolished	42
Dustbins renewed	174

MILK SUPPLY.

The trend towards the sale of milk in bottles has continued, and now only a very small percentage of milk is sold loose from churns, and in the near future even this present small sale will cease.

Application has been made to the West Riding County Council for delegation of powers under the Food and Drugs Act to your Authority, and it is hoped that this may be successful.

BAKEHOUSES.

48 visits were made during the year to bakehouses in the district, and in only two instances was it necessary to draw attention to lack of cleanliness. A high standard of hygiene has been maintained throughout the year.

MEAT AND OTHER FOODS.

89 inspections of unsound food were made at shops, and the following list gives details of the food condemned as unfit for human consumption.

No slaughtering of animals for sale takes place in the area, all meat being distributed from the Leeds City Abattoir.

Meat	784 lbs.
Bacon	223 lbs.
Butter	181 lbs.
Preserved Meat	24 tins
Fruit	33 tins
Eggs	211

There are no Ice Cream manufacturers in the district, but 48 visits were made to 16 premises registered for the sale of Ice Cream. In every case a modern refrigerator is installed for the storage of Ice Cream and suitable washing facilities are provided.

The food traders in the area have willingly co-operated to improve the standard of food hygiene and notices are displayed in all food shops requesting the public to refrain from taking dogs into the premises.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

During the year a 10% test baiting of all the sewer man-holes in the district was undertaken and once again no takes were recorded. The following table gives details of work carried out under the above Act :—

	TYPE OF PROPERTY				
	Local Authority	Dwelling Houses	Agri-cultural	All other (including Business and Industrial)	Total
I. Total number of properties in Local Authority's District (Notes 1 and 2)	8	3,801	35	148	3,992
II. Number of properties inspected by the Local Authority during 1951 as a result (a) of notification or (b) otherwise (Notes 1, 2 and 3)	(a) —	48	3	5	56
	(b) 8	45	24	23	100
III. Number of properties (under II) found to be infested by rats (Notes 1, 2 and 3)	Major 2	—	1	—	3
	Minor 1	72	18	17	108
IV. Number of properties (under II) found to be seriously infested by mice (Notes 1, 2 and 3)	—	1	2	2	5
V. Number of infested properties (under III and IV) treated by the Local Authority (Notes 1, 2 and 3)	3	73	20	19	115
VI. Number of notices served under Section 4 :—					
(1) Treatment	—	—	—	—	—
(2) Structural Works (i.e. Proofing)	—	—	2	—	2
TOTAL	—	—	2	—	2
VII. Number of cases in which default action was taken by Local Authority following issue of notice under Section 4	—	—	—	—	—
VIII. Legal Proceedings	—	—	—	—	—
IX. Number of " block " control schemes carried out					Nil.

FACTORIES ACTS, 1937 and 1948.

Premises	No. on Register	Number of		
		In-spections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	10	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	28	16	—	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' premises)	6	14	—	—
TOTAL	46	40	—	—

CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered on two, three or more separate occasions they should be reckoned as two, three or more cases.)

	No. of cases in which defects were found				Number of offences in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable Temperature ..	—	—	—	—	—
Inadequate Ventilation ..	—	—	—	—	—
Ineffective Drainage of Floors	—	—	—	—	—
Sanitary Conveniences—					
Insufficient	2	2	—	1	—
Unsuitable or defective ..	1	1	—	—	—
Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	—	—	—	—	—
TOTAL	3	3	—	1	—

OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 110		Section 111		
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
Wearing Apparel— Making, etc. ..	4	—	—	—	—	—
Cleaning and Washing ..	—	—	—	—	—	—
Textile Weaving	—	—	—	—	—	—
TOTAL ..	4	—	—	—	—	—

REFUSE COLLECTION AND DISPOSAL.

The cleansing of the District is carried out entirely by direct labour, four Karrier Bantam Refuse Collection vehicles being employed. During the year two new Karrier Bantams were purchased to replace two old vehicles, and it has been possible to maintain a regular collection throughout the year.

Now that the new central Sewage Disposal Works have been completed, and authorisation has been received from the Ministry to commence a wholesale privy conversion scheme, the next few years will see the end of all the privies in the District, and when dustbins are provided at all houses, an even better service can be expected.

Refuse Disposal continues on the controlled tipping system and the Council are fortunate in having provided tipping space for many years ahead.

Salvage operations have continued during the year and the following table gives details of the revenue obtained. It will be seen that this revenue represents the product of a sixpenny rate in the area.

<i>Material</i>	<i>Weight</i>				<i>Income</i>		
	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	£	s.	d.
Paper	65	16	0	23	921	17	5
Rags	6	16	2	1	264	7	1
Aluminium		3	1	2	11	17	5
Iron	4	3	2	0	12	13	3
Lead		1	2	12	9	11	9
Brass		3	3	16	23	5	4
Batteries					2	12	0
Kitchen Waste ..	18	13	0	0	53	11	8
TOTALS ..	95	17	3	26	1,299	15	11

Finally, I wish to express my appreciation to the Chairman and Members of the Public Health Committee for their unfailing support during the past year. I wish also to put on record my thanks to Mr. Cockerham, my Assistant, who at all times has given of his very best to forward the work of the Department.

I am, Lady and Gentlemen,

Your obedient Servant,

R. A. NAYLOR.

